



CARING FOR NEW MOMS

The first few weeks at home with a new baby can bring about a mixture of emotions ranging from euphoria and pride to frustration and helplessness. New moms can have even more sporadic swings in their feelings since they are also recovering from the physical strain of the birth and fluctuating hormones. In this situation, is time for the dad to “suck it up” and take on his new responsibility as a father.

Boot Camp veterans offer these words of advice for the first weeks at home:

- Quickly learn all the mechanics of the job, such as diapering, burping, and calming your crying baby. Take over as mom gets tired and show her she can count on you.
- Be the coordinator for help. When friends or family call to offer food (oh yeah!), or other assistance, have a plan. But don't invite the whole neighborhood over. It is also your job to be the protector. Too many visitors during the first few days can add to the stress the mom already feels, and can expose your newborn to possible disease.



- Gather all the resources that you might need in case of an emergency or just to ask a question. Have a list of phone numbers for doctors, hospital, poison centers, neighbors, and caregivers. Collect some helpful reference books on infant care and parenting.
- Encourage mom! Ask her what she needs. Help her to get her rest (take naps when the baby sleeps). Tell her what a great job she is doing.

Remember, you are a team. Work together to be the best parents that you can be.

Boot Camp is a class for dads with babies and dads expecting babies. For more information, call First Steps/Step Ahead of Wells County at 1-800-417-2774 or visit the Boot Camp web site: <http://www.newdads.com>

Submitted by Bill Horan, Boot Camp Coach.



First Steps
Indiana Children's
Special Health Care Services
Family & Social Services Administration
Division of Family & Children
Bureau of Child Development
402 W. Washington Street, Room W-386
Indianapolis, Indiana 46204-2739
(800) 441-7837



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First Steps
Indiana Children's
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KIDSteps Magazine is a quarterly publication of First Steps/Indiana Children's Health Care Services, Indiana's Early Intervention System for Infants, Toddlers and Their Families.

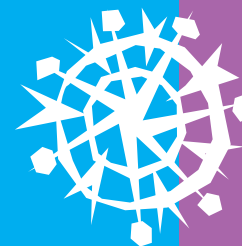


INDIANA

KIDSteps

WINTER 2001

MAGAZINE



**SPECIAL ISSUE ON:
SERVICE COORDINATORS**

THIS MAGAZINE'S MISSION

The mission of this quarterly publication is to offer useful information to families, providers, service coordinators, medical professionals, and others who have special interest in the successes and challenges of early intervention and early childhood development in Indiana and neighboring states.

Welcome to KIDSteps Magazine.

By opening this issue, you have already shown your interest in early intervention and the successes we are achieving.

The New Year, like so many before, ushers in fresh hopes for improvement, initiative, and involvement. Each of us considers what we hope to accomplish in 2001 and how we might best reach our goals.

This issue spotlights one of the most critical cornerstones in our efforts to help families and children with special needs reach their goals. First Steps service coordinators play a vital role in this process by working with parents and providers in approaching and understanding the family's everyday challenges. With gentle sincerity and heartfelt concern, these individuals are "in the trenches" with Hoosier parents who face difficult decisions and juggle an often-overwhelming commitment to their family's needs. We invite you to read about the duties and daily rituals of Indiana's First Steps service coordinators. Special thanks to Dawn Downer, one of our First Steps consultants, and to Bobbi Leaird, Service Coordinator with Hillcroft Services in Muncie, for their insight into the world and work of a First Steps service coordinator.

We're also pleased to introduce you to Carrie O'Brien, an enthusiastic little girl who suffered a brain stem hemorrhage at the beginning of life but has a song for every day and a winning attitude. Our thanks to Jeff and Sarah O'Brien for sharing their daughter's story and to Becky Haymond, the O'Brien's service coordinator.

Children's Health Services continues to push ahead in the Infant Mental Health arena – please help us improve public understanding of this critical early intervention issue by reading this article and passing it along to others. Education is always a winning strategy.

We encourage you to join us in helping Indiana families and children with special needs. Their challenges are the reason behind the early intervention system and our commitment to improving lives of families in Indiana.

Maureen H. Greer

Maureen Greer
Assistant Deputy Director,
Bureau of Child
Development,
First Steps

INDIANA KIDSteps MAGAZINE

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James M. Hmurovich, Director, Division of Family and Children, Indiana Family and Social Services Administration

Maureen Greer, Assistant Deputy Director, Bureau of Child Development, First Steps

Christa Holloway, BCD Staff Consultant

Graphic design and editorial services:
Asher Agency



THE HAPPY SONGS OF CARRIE O'BRIEN

Meet Carrie O'Brien, singer.

Like most soon-to-be-three year olds, Carrie can easily serenade you with nearly any "Barney" song or other popular melody. Music is a big part of Carrie's world – she loves music almost as much as she loves her parents, Jeff and Sarah, and big brother, Ben.

Unfortunately, Carrie's world also is filled with a multitude of therapies to help her overcome her physical and developmental challenges. Soon after birth, Carrie suffered a brain stem hemorrhage that doctors speculate was caused by either a malformed blood vessel or too much pressure that caused the blood vessel to burst. As a result, Carrie is not physically functional on her right side, leaving her without basic muscle control on her right side and a developmental delay in her speech.

"Her condition is a lot like that of a stroke victim," explains Sarah. "Her right side is not yet capable of motor skills." As a result, Carrie struggles with balance and holding her head straight – her dominant head position is to the right, where the muscles are weak and her strength is undeveloped. She has undergone eye muscle surgery on her right side to improve the way her eyes work, but the good news is that her senses do work very well and she can be amazingly accurate in what she sees and does.

Carrie's First Steps involvement began at the gentle age of six weeks, following an extensive hospital stay. From the initial feelings of confusion and concern, Jeff and Sarah have learned lots about their own parenting abilities as well as their daughter's determination. A regular schedule of physical, occupational, speech, and developmental therapies are a normal part of Carrie's weekly routine. The O'Briens are hopeful that their daughter will learn eventually to walk without the use of support and continue to improve her speech skills.

Becky Haymond is the O'Brien's Service Coordinator and is currently working to help Carrie and her family transition out of First Steps and into a special needs preschool when she turns three in April. "We were overwhelmed at first, but overall our experience with First Steps has been wonderful," shares Sarah. "We've been in control of the process and of what we want or need. Becky is great about making sure something isn't too much or that it fits within our means. If we need help with anything, she's right there!"

Carrie's parents describe her as "a very special blessing – a remarkable little girl!" She continues to discover her potential and amaze them with her abilities to cope and overcome her challenges.

And for Carrie, that is definitely something to sing about.



Carrie and her mom playing at the playground.

Most families involved within the First Steps Early Intervention System rely heavily upon the wisdom and work of their Service Coordinator. Regardless of the length of time that a child and family spend in the system, the relationship between family and Service Coordinator often becomes a strong bond. On any given day, a service coordinator juggles a multitude of responsibilities for any number of families and children with special needs – yet a Service Coordinator’s primary focus is on ensuring that the family and child receive the right early intervention services at the right time. It is a job filled with both trials and triumphs, but the work can be some of life’s most rewarding.

Join us as we take an inside look at Service Coordination and how it may be the most important early intervention service that First Steps families receive.

MODERN-DAY GOOD SAMARITANS: THE DAILY WORK OF A SERVICE COORDINATOR

Dawn Downer, First Steps Consultant
Indianapolis, Indiana

Parent education and support are the cornerstone of the First Steps Early Intervention system. It is a system that weathers constant change and strives to embrace each child and family with customized solutions and support, but at the heart of this process is the effort to improve lives. The Service Coordinator is the single most important individual to work with First Steps families, ensuring that their needs are being met and their child’s improvement is achieved.

GETTING STARTED

Each family entering the First Steps system is provided with Service Coordination as a primary service. Upon referral, an Intake (Service) Coordinator assists each family in gaining access to the First Steps program. They will work with the family and child’s primary medical provider to identify strengths and concerns of the child and family, coordinate the

eligibility process and when eligible, coordinate the development of the Individualized Family Service Plan (IFSP). In addition, the Intake Coordinator helps the family in accessing additional services or programs that may benefit the family and child. Hoosier Healthwise and Children’s Special Health Care Services are two programs that are made available to families upon entering First Steps, and the Intake Coordinator can help the child or family member by initiating the applications process.

Another primary responsibility of the Intake Coordinator is to ensure that the family is aware of their rights within the First Steps program. Intake Coordinators strive to help families understand the First Steps program, the services that may be received, and what the family should expect from the program until the child makes the transition out of First Steps at age three.

ONGOING SERVICE

Families select an ongoing Service Coordinator to assist them during their involvement in First Steps. The Service Coordinator provides education, support, and direction at a time when parents are understandably anxious about their child’s future. The Service Coordinator’s primary responsibility is to ensure that the family and child receive the early intervention services they need. They also may lead parents to other community resources such as child care, public assistance, medical or specialty care, and educational opportunities relating to the child’s development. The Service Coordinator arranges for evaluations and makes certain that the recommended care is received, assuring that the child and family get the support they rightly and legally deserve and need.

The Service Coordinator must approve all services and supports that the family and child receives through First Steps. Although it is not their job to independently determine the appropriateness of services, it is a service coordinator’s responsibility to ensure that the services recommended are based on a team process and are within the scope of the First Steps Early Intervention system. The Service Coordinator is the focal point of a family’s early intervention services.

TRAINING AND REQUIREMENTS

Service Coordinators must meet specific education and training requirements. However, the Bureau of Child Development also recognizes that education alone does not guarantee quality. Therefore, a comprehensive training curriculum has been developed in order to support the vast amount of information needed by Service Coordinators. The Bureau also identifies that some of the best qualities in a Service Coordinator may be found through personal experiences rather than formal education. Therefore, family members or persons with disabilities are encouraged to become Service Coordinators.

The State of Indiana mandates that Service Coordinators attend a four-day training session, an orientation to First Steps, and quarterly regional meetings. Advanced training is also available throughout the state. Training topics include Financial Case Management, Advanced Service Coordination Training, Transitioning to Special Education, and other topics that focus on child development. The state has also developed an additional series of training topics that will be offered in the coming year.

By balancing educational requirements, the value of personal experience, and targeted training, it is the goal of the First Steps Early Intervention program to provide the highest quality of Service Coordination. Service Coordination may essentially be the most important early intervention service families receive.

Like any First Steps provider, Service Coordinators are charged with the responsibility to service the family. Families have the right to change Service Coordinators at any time by contacting the System Point of Entry, or Intake Coordinator in their county. If you have questions or concerns about the role of Service Coordination, you are welcome to contact the Bureau of Child Development at 1-800-441 STEP (7837).

PRIMARY ROLE OF THE INTAKE COORDINATOR

- Meet with the family to identify family concerns and priorities relating to the development of their child.
- Coordinate the eligibility process.
- Arrange for and coordinate assessments as necessary.
- Coordinate the development of the initial Individualized Family Service Plan (IFSP).
- Facilitate applications to Hoosier Healthwise and Children’s Special Health Care Services, as well as provide referral information to other community resources as needed.
- Provide the family with information relating to the early intervention program, their rights and expectations.

PRIMARY ROLE OF THE SERVICE COORDINATOR

- Monitor the implementation of the IFSP, assuring that services written into the plan meet the needs of the family and child.
- Coordinate the evaluation of the IFSP, making any additions or changes to the services that the child and family need, based on a comprehensive team decision.
- Facilitate referral to other supports that the family may need.
- Act as the focal point for team communication and early intervention services
- Coordinate the development and evaluation of the annual eligibility and IFSP process.
- Provide families with information and education on what they should expect from the First Steps system and their rights within the program.
- Assist the family in accessing other services once the child is no longer eligible for the First Steps program.

FIRST STEPS POLICY DEVELOPMENT PROCESS

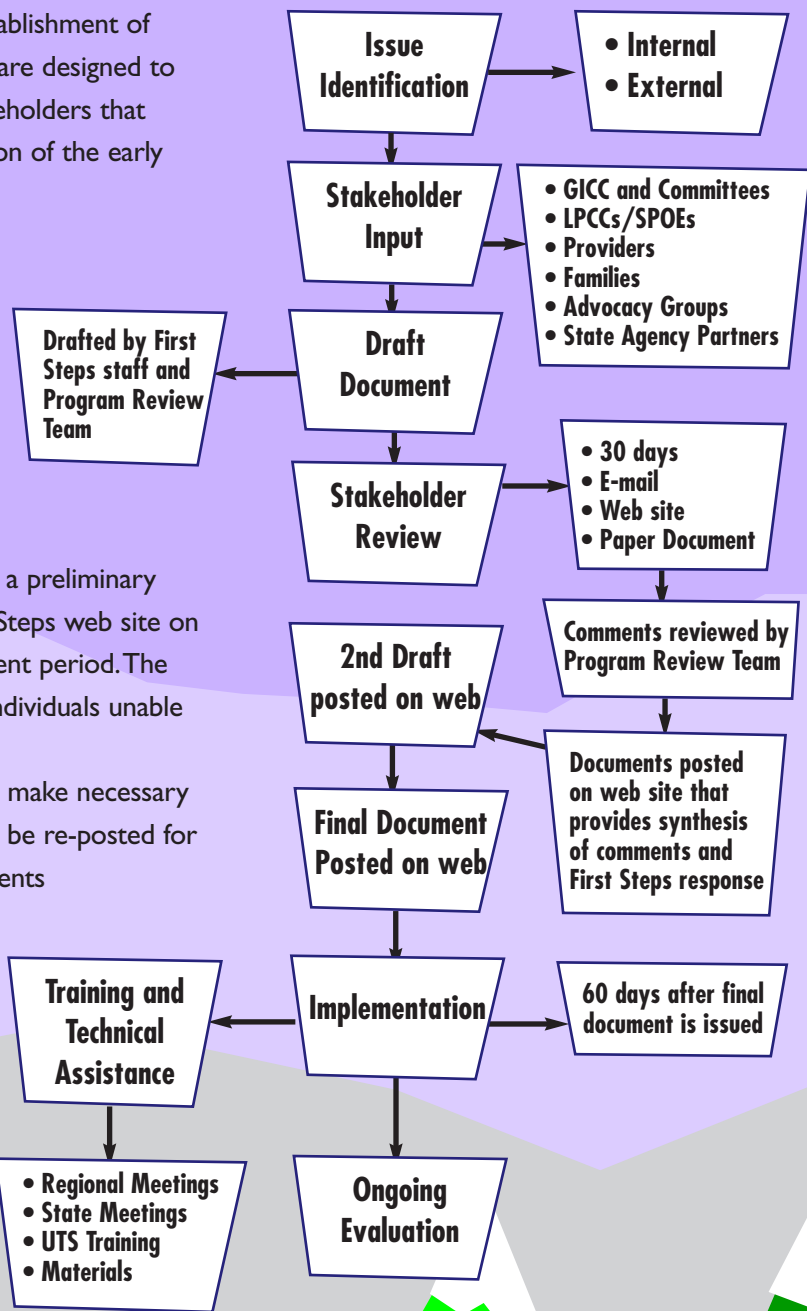
First Steps has established procedures regarding the establishment of Bureau policy related to early intervention. The procedures are designed to ensure that all policy positions represent input from all stakeholders that participate in the development, implementation and evaluation of the early intervention system.

The identification of issues related to the health and well-being of young children participating in early intervention programs can occur both internal to and externally of the Bureau. Once the issues are identified, input will be gathered from stakeholders that include Local Planning and Coordinating Councils, System Points of Entry, fiscal agents, providers, families, advocacy groups and state agency partners.

First Steps staff and the Program Review Team will draft a preliminary policy statement. The statement will be posted on the First Steps web site on the first Monday of the month for a thirty day public comment period. The document will also be available from the Bureau for those individuals unable to access the web.

The program review team will review all comments and make necessary revisions to the policy statement. The revised document will be re-posted for an additional thirty days along with a synthesis of the comments and the Bureau's response. Stakeholders will have one final opportunity for input. Following that final review, the policy statement will be posted on the web and will be effective 60 days after the final posting.

Training and technical assistance will be available as part of policy implementation through state and regional meetings, trainings and written materials.



First Steps Specialty Items

2001 Order Sheet

Art & Logos CDRom

CD Rom of electronic art and logo files. Mac and PC compatible.
Price: \$12.00 ea.
Minimum quantity: 1

Child Sip-N-Seal™ Cup

20 oz. Sip-N-Seal™ cup comes in clear frost with a 3-color mermaid imprint.
Price: \$2.20 ea.
Minimum quantity: 48

Tote Bag

Large zippered tote (16 x 23 x 6). Has elongated handles and is constructed of navy vinyl nylon with a 3-color design and yellow trim.
Price: \$8.45 ea.
Minimum quantity: 25

Notepads

5.5"x8.5" 50 sheet scratch pad with phantom First Steps logo.
Price: \$.60 ea.
Minimum quantity: 200

Adult Denim Shirt

Denim shirt with multi-color embroidered design. Choose from Ladies S to 2X and Mens M to 4X. 100% cotton.
Price: See below
Minimum quantity: 2

Pencil

Pencils come in an assortment of bright colors imprinted in white with (A) the First Steps "800" number or (B) your county number.
Price: \$.18 ea.
Minimum quantity: 250

Child's T-shirt

Hanes 50/50, light blue T-shirt with cute frog design. Comes in XS (2-4).
Price: \$5.00 ea.
Minimum quantity: 24

A.

(800) 441-STEP

B.

Imprint here

CD Rom

Sippy Cup

Notepads

Tote Bag

Pencil (800#)

Pencil (Your Imprint)

Child's Shirt

Denim Shirt

Ladies

1X (\$32)

2X (\$34)

Mens

M (\$32)

L (\$32)

XL (\$34)

4X (\$36)

Qty. (min. of 1)

Qty. (min. of 48*)

Qty. (min. of 200*)

Qty. (min. of 25*)

Qty. (min. of 250*)

**Qty. (min. of 250*)

Qty. (min. of 24*)

Qty. (min. of 2*)

x \$12.00 ea. = \$

x \$2.20 ea. = \$

x \$.60 ea. = \$

x \$8.45 ea. = \$

x \$.18 ea. = \$

x \$.18 ea. = \$

x \$5.00 ea. = \$

x \$30 ea. = \$

x \$30 ea. = \$

Subtotal

Freight

Total Amt.

Minimum quantities reflect individual order requirements.

**Write your phone number imprint in the space provided below.

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Please send the following First Steps Specialty Items:

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Organization

Address

City, State, Zip

Phone

Fax

Purchase Order #

Send to:

Beverly Middaugh

Bright Ideas in Broad Ripple, Inc.

7425 Westfield Blvd.

Indianapolis, IN 46240-3056

800-678-3225

Fax: 317-259-6939

Make check payable to:

Bright Ideas in Broad Ripple, Inc.

**PLEASE ALLOW 4-6 WEEKS FOR DELIVERY

Order Amount

Shipping & Handling

\$ 1.00 - \$50.00

\$ 5.00

\$ 51.00 - \$100.00

\$ 7.00

\$ 101.00 - \$150.00

\$ 10.00

\$ 151.00 - \$250.00

\$ 15.00

\$ 251.00 - or more

\$ 20.00

2001 FIRST STEPS SPECIALTY ITEMS

Ordering First Steps Specialty Items is easy! Just log onto the First Steps web site at www.state.in.us/fssa/first_step, then click on the "What's New" link. You'll be able to download and print the 2001 Order Form. The official order form will also be sent via email to your LPCC and SPOE as well as distributed at upcoming regional meetings. You may fax your completed Order Form to Bright Ideas at 317-259-6939 or mail to:

Beverly Middaugh
Bright Ideas in
Broad Ripple, Inc.
7425 Westfield Blvd.
Indianapolis, IN 46204-3056

The Order Form is valid until December 31, 2001. Please allow 4-6 weeks for delivery. Shipping and Handling charges are noted on the Order Form.

2001 Featured Items include:

- CD Rom of First Steps Logos and Artwork
- 20 oz. Sip-N-Seal Child Cup
- First Steps Tote Bag in navy vinyl nylon
- First Steps Notepads
- First Steps Adult-size Denim Shirt
- First Steps Pencils with Imprint option
- Child's T-Shirt with First Steps frog design

Now you can download this order form from the First Steps web site!
www.state.in.us/fssa/first_step
Log on and order today!

6

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INFANT MENTAL HEALTH: AN AGENDA FOR ACTION

The health and well being of their children is always paramount to families, particularly those within the Children's Special Health Care Services (CSHCS) and First Steps Early Intervention (FS) programs. A survey of parents of FS and CSHCS children who have special needs has not only reinforced parental concern for their infants and toddlers but the survey has also served as a linchpin for Indiana's "Agenda for Action."

It has been widely recognized that health is a state of well being that comprises not only one's condition of physical well being, but also one's mental and emotional well being. Even though health has been broadly defined, there has been a disproportional focus on the physical condition. A monumental step toward placing equal concern and commitment for mental health has been the first-ever issued Report of the Surgeon General on Mental Health. Mental health can now be viewed as interconnected with one's physical well being and ability to lead a healthy life.

Former Secretary of Health and Human Services, Donna Shalala said it best when she described overall health as the backbone of a nation and its people and that mental health is as "absolutely essential to achieving prosperity." (p.1, Report of the Surgeon

General on Mental Health, 2000) Mental health, as defined in the report, is "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem." (p.3)

The application of neuroscience to mental health over the last decade has restored and strengthened the investment toward addressing the mental health needs of Americans. Neuroscience, as it relates to mental health, "encompasses molecular events to psychological, behavioral, and societal phenomena." The brain is the "integrator of thought, emotion, behavior, and health." (p.3, David Satcher, M.D., Ph.D., Surgeon General. Report of the Surgeon General on Mental Health, 2000). The Global Burden of Disease Study in the mid-1990s, which was conducted in collaboration with the World Health Organization,

World Bank, and Harvard University, identified mental illness as the second leading cause of disability and premature mortality (15.4 percent). Only cardiovascular disease ranked higher, at 18.6 percent. This important study, combined with the explosion of brain research, reinforced the need to create an "Agenda for Action" that will ultimately affect services, providers, and the public.

The Surgeon General's report emphasized that mental health and illness must be addressed across the lifespan. This is a new mode of thinking that allows us to consider the needs of infants and toddlers. Other researchers working in this area recognize that mental health interventions with infants and toddlers must be conducted within the context of relationships. Despite this new interest reflected in the Surgeon General's Report, information and services are far more limited for infants and toddlers than what is available for adolescents and adults. The lack of infant and toddler mental health (IMH) services has been mirrored in Indiana. Over the past several years, however, the State has linked collaboratively with parents and professionals to collaboratively change this pattern.

Support for IMH has come in the form of both federal and state funds* and a commitment by parents of infants and toddlers and providers within the CSHCS and FS Systems. IMH, as defined by Indiana's Infant Mental Health Development Team (IMHDT), is "the ability of infants to grow, develop, and learn in a way that enhances their social and emotional health, both as an individual and in relationships with others. Further, we believe that infant mental health is enhanced by:

- Identifying early signs of emotional and behavioral concerns;
- Providing families/caregivers with the necessary skills and tools to support healthy social and emotional development;
- Promoting successful partnerships among families/caregivers and community support systems; and
- Supporting family/caregiver strengths and cultural values/beliefs."

Two Indiana State agencies (Indiana State Department of Health/CSHCS and Family Social Services Administration/FS) and the IMHDT have collaboratively sought to improve the quality of and access to IMH services for past three years. Accomplishments and work in progress include:



Continued on page 11

THIS STORY IS THE NINTH IN AN ONGOING SERIES OF ARTICLES ABOUT SERVICES AVAILABLE TO FIRST STEPS FAMILIES.

HEARTFELT SERVICES

Bobbi Leaird, Service Coordinator
Hillcroft Services, Inc., Muncie, Indiana

What keeps a First Steps service coordinator motivated and excited about providing a quality service for families?

Most often, it is in the sharing of the joys and the sorrows.

It is the discussion of family strengths and needs, goals, plans and dreams. Each family composition is different and unique, so no situation is ever the same! Having a child with special needs could be compared to an unwanted or uninvited guest. At first you really don't know what to do but, in time, we learn more about the medical issues, diagnosis, and the developmental concerns and then put together a plan addressing the concerns.

Early childhood development is a progressive process. The service coordinator provides a pivotal point of contact for the family and assists in the selection process (through the provider matrix of the County) of the remainder of the First Steps team. The First Steps service coordinator can help parents better understand all of their options. This process is learned through trial and error of the First Steps system.

It is with sincere concern that a service coordinator greets each family who enters the First Steps Early Intervention System. Our task is to listen carefully to the parent's spoken and unspoken concerns for their child's developmental delays.

The most important role of any First Steps service coordinator is to assist the family in prioritizing their child's early intervention needs through facilitation and information to complete the Individual Family Service Plan (IFSP). This plan becomes the written guidebook for family goals, outlining the steps needed and the steps taken to help the child to reach their fullest potential. All IFSP plans include the child's name, birthday, and vital information, along with specific notes as to the stage of development, physical and mental conditions, the

physician's approval page, and the detailed action plan of service. Once the basic needs of a family have been met, then we are able to address additional concerns.

For most families the service coordinator is the pulse of the First Steps program. It is a service coordinator's responsibility to keep that pulse in a steady rhythm in order to best fulfill the family priorities and accomplish the desired outcomes for the child. Sometimes the pulse can get off beat or out of sync as priorities change. With each new development – good or bad – it is time to re-evaluate and restructure the plan to better solve the problem-at-hand with an attempt to avert any potential problems in the future.

A service coordinator is often a family's connection to the assistance available in the community. Having a strong awareness of community resources, medical options, educational opportunities, welfare system, and social service connections allows the service coordinator to assist families in taking the necessary steps to help their children and themselves achieve an improved quality of life.

Most parents enter into the First Steps system with a lot of questions. For most families, this is their introduction to early intervention services in the state of Indiana. They are not sure what to expect, where to begin, or even how to make the best decisions. They rely heavily on the discussions with their service coordinator and subsequent discussions with

family and other team members. Part of our service coordination training is to recognize and understand a family's anxiety and to begin developing a strong partnership between the family and providers so the family can obtain their goals through the IFSP process.

Service Coordinators often help families with:

- Coordinating the service in the IFSP.
- Communicating with team members to ensure that the families goals and priorities are being met.
- Explaining the program, services and supports available.
- Observation and discussion of therapy.
- Coordinating services to meet family needs while balancing the time commitments and routines of the family.
- Exploring with the team, the need for adaptive equipment.
- Coordinating communication between the family, team and medical providers.
- Assisting the family in accessing additional medical or financial resources such as Hoosier Healthwise, CSHCS, or SSI.
- Providing referral information to families for local supports such as Food pantries, housing, adult education, or childcare assistance.
- Coordinating transitions for the family and child; One of which may be transitioning out of the early intervention program at age 3.
- Understanding your child's abilities as well as their disability.



“Enhancing the choice of early intervention services for infants and toddlers with special needs and their families through community involvement.”

New Public Comment Policy

The ICC approved a new Public Comment Policy at their November 2000 meeting. All ICC meetings as well as task force and subcommittee meetings are open to the public. The ICC encourages parents, providers, LPCC members and other interested people to attend and participate in the activities of the ICC. In order to ensure members of the public will be heard at ICC meetings, the following policy was adopted. If citizens would like to offer feedback to the ICC and cannot do so in person, the policy clarifies how to submit written input which will be included in our public records. Please contact Denise Arland, ICC Chair, or Jan Bledsoe, ICC Staff Support, with any questions.

Public Comment Policy

The Governor's Interagency Coordinating Council on Infants and Toddlers (ICC) welcomes public comment from individuals, programs, agencies, etc. about issues related to young children who have developmental delays or disabilities and their families. We want and need your input. In order to encourage public comment, this position statement was developed.

What is Public Comment?

Public Comment is the opportunity to officially address the ICC. Persons making public comment may express opinions or bring issues of concern related to the delivery of early intervention services to children birth to age three who have disabilities and their families. Public comment may include, but is not limited to, opportunities for improvements to the system, praise for the First Steps system, and specific issues in the system that may be widespread. Individuals are also invited to bring issues concerning agencies other than the Family and Social Services Administration, Bureau of Child Development to the attention of the ICC as they relate to young children with disabilities. NOTE: Formal individual or system complaints are not under the jurisdiction of the ICC and should be directed to the Bureau of Child Development (317-232-1144 or 800-441-7837), not the ICC.

2001 ICC Meeting Dates:

May 16
August 15
November 7

Scheduled 2001 Meeting location is:

Indiana Government Center
South Conference Center, Room A
402 W. Washington Street
Indianapolis, IN

All meetings begin at 10:00 a.m. and will end between 2:00 and 3:00 p.m., depending upon the size of the agenda for each meeting. For an advance copy of a specific meeting agenda, contact Jan Bledsoe, ICC Staff Support, at 217-894-0818 two weeks prior to the meeting.

How can public comment be given?

Public comment can be made in a variety of ways:

- In person at an ICC meeting (written comments may accompany verbal comments)
- In writing –
 - designated as Public Comment, and mailed to:
Denise Arland, ICC Chair
807 Whispering Trail
Greenfield, IN 46140
 - faxed to 317-467-0814
 - emailed to: dlarland@home.com

Written comments will be read into the meeting record or attached to the minutes if time constraints prohibit all public comment being read.

I learn new skills at my own pace.

I need your help to give me chances to practice new skills. By the time I am **18 months old**, I should be able to do most of the items in the list below. If you are concerned about what I can do, talk to my doctor or nurse, or call the local **First Steps** office. Call **1-800-441-7837** if you don't know the local number.

Watch for me to:

- walk by myself! I have good balance. I don't tip from side to side and I hardly ever fall down.
- ▶ help around the house. I can put something on the chair when you ask me, I can get what you ask me to get. And I can put something away if you remind me.
- ◀ drink from a cup or glass by myself, perhaps spilling only part of it.
- ◆ say *no*, and shake my head from side to side.
- roll a ball back and forth with you.
- ◆ say at least 3 words other than, *dada* and *mama*.
- ▶ scribble on paper with crayon and pencil. This keeps me busy for a few minutes. Watch me carefully because I might chew on the crayon.



INFANT MENTAL HEALTH: AN AGENDA FOR ACTION

Continued from page 5

- Conducting a parent and provider needs assessment around IMH issues (survey data forthcoming in KIDSteps Magazine Spring 2001);
- Developing an IMH definition and competencies for providers working with infants and toddlers and their families;
- Establishing a parent and provider organization to support IMH, known as the Indiana Association for Infant and Toddler Mental Health (IAITMH). This new association has become a subsidiary of the Mental Health Association in Indiana and an affiliate of the World Association for Infant Mental Health;
- Conducting annual IMH Conferences in cooperation with the IAITMH; and
- Gathering information about professionals having the experience working with caregivers of infants and toddlers around IMH, those wanting training, those who would like to be trained in this field, and/or professionals who could be mentors for providers in the field of early intervention.

While great strides have been made and a groundswell of support exists for IMH, these efforts, like the individuals IMH serves, are truly in their “infancy” stage. One can see by looking around the country at states like Michigan, Illinois, California, and Maine that it has taken years of hard work and commitment to build a solid foundation of quality IMH services for families. Public awareness and education will become “key” in Indiana’s “Agenda for Action.”

* *Indiana's Integrated Services for Children with Special Health Care Needs federal SPRANS Grant*

UPCOMING TRAINING OPPORTUNITIES

FIRST STEPS PROGRAMMATIC TRAINING CALENDAR

Service Coordination – Level 2
February 13 and 14 – Indianapolis

Provider Forum
February 12 – Indianapolis

INDIANA PARENT INFORMATION NETWORK CALENDAR

Open to both providers and parents of children with special needs. To register, contact Jane Scott at (317) 257-8683, ext. 32. Registration cost is \$15 for each training.

Private Health Insurance Workshop
February 7 – Indianapolis

ICC MEETING SCHEDULE

Meeting location is:
Indiana Government Center South
Conference Center, Room A
402 W. Washington Street
Indianapolis, IN
February 7 • May 16 • Aug. 15 • Nov. 7

All meetings begin at 10:00 a.m. and will end between 2:00 and 3:00 p.m., depending upon the size of the agenda for each meeting. For an advance copy of a specific meeting agenda, contact Jan Bledsoe, ICC Staff Support, at 217-894-0818 two weeks prior to the meeting.

For additional information please see the UTS Calendar on the web at <http://www.iidc.indiana.edu/~ecc>

Please use the following information for contacting the office:

UTS Connect Office
c/o Riley Child Development Center
702 Barnhill Drive, Room 5837
Indianapolis, IN 46202-5225
(317) 274-7159 or
(800) 887-1467 (Indiana only)
Fax: (317) 274-9760

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